FORM PTO-

89188.0040

Date

UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit:

Examiner:

1641

Lisa V. Cook

P.O. Box 1450

Name

Signature

November 26, 2003

Date of Deposit

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Wei-Ning Yang, Reg. No. 38,690

Mail Stop Non-Fee Amendment Commissioner for Patents

being deposited with the United States Postal

In re application of:

Paul C. DENNY, et al. Serial No: 09/929,293

Filed: August 14, 2001

SALIVA-BASED METHODS FOR PREVENTING AND

ASSESSING THE RISK OF DISEASES

Mail Stop Non-Fee Amendment Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

Small entity status has been claimed. See 37 CFR § 1.27.

No additional fee is required.

囨 The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMB PREVIOUSLY PAID		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	27	-	71	**		LG=\$18 SM=\$9	\$	\$
INDEPENDENT CLAIMS FEE	3	-	3	***		LG=\$86 SM=\$43	\$	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145							\$	
	•					•	TOTAL	\$

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

Ш	A check in the amount of \$ to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.
ļ.	A check in the amount of \$ to cover the extension fee is enclosed. A copy of this sheet is enclosed.
\boxtimes	The Commissioner is hereby authorized to charge any deficiencies of fees associated with this
	communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is

By:

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Dated: November 26, 2003

Biltmore Tower 500 South Grand Avenue, Suite 1900 Los Angeles, California 90071 Telephone: 213 337-6700

Facsimile: 213 337-6701

Respectfully submitted, **HOGAN & HARTSON L.L**

Wei-Ning Yang

Registration No. 38,690 Attorney for Applicant(s) RECEIVED

DEC 0 4 2003

TECH CENTER 1600/2900



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

application of:

Paul C. DENNY, et al.

Serial No: 09/929,293

Filed: August 14, 2001

For: SALIVA-BASED METHODS FOR

PREVENTING AND ASSESSING THE

RISK OF DISEASES

AMENDMENT

Mail Stop Non-Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Art Unit: 1641

Examiner: Lisa V. Cook

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Dear Sir:

In response to the Office Action dated August 26, 2003, please amend the above-referenced application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 13 of this paper.